

Completion of this form is *OPTIONAL*. Results will be used to revise and improve the Cooperative Education Program in the future. **Must be typed, not hand-written.**

Name Title

Company Phone

Address

1. Have you participated in a Cooperative Education program before?
2. Do you feel the student was adequately prepared for the program?
3. Do you feel that the student benefited from this experience with your company?
4. Did the student have the proper work attitude?
5. Would you recommend this program to other employers?
6. Would you be willing to participate in the Cooperative Education program again?
7. Additional comments or suggestions which you feel will be helpful to the program in the future.

Department of Engineering Technology
Form F – **Employer's Evaluation**

Student Name Date

Please rate the individual listed above in comparison with other employees involved in similar activities. Rate only those traits that you feel qualified to judge.

Please indicate rating as follows: **Low** **1** **2** **3** **4** **5** **High**

Manipulative Ability

Ingenuity

Social Acceptance

Ability to Meet People

Industriousness

Enthusiasm for Work

Personal Appearance

Reliability

Cooperation

Oral Expression

Probable Success in

Sales

Service

Research

Production

Management

This information has been discussed with the student.

Signed